

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/800 740 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2		1		1		1
3	1		1		1	
4		1		1		1
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
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TOTAL IND.	22		3		3	
TOTAL DEP.	2		20		20	
TOTAL CLAIMS	24		23		23	

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